

STATE OF NEW HAMPSHIRE
BOARD OF PHARMACY

121 South Fruit Street
Concord, NH 03301-2412

Telephone: (603) 271-2350 ♦ Website: www.nh.gov/pharmacy ♦ E-Mail: pharmacy.board@nh.gov



NEW HAMPSHIRE INTERNSHIP / PRECEPTOR RECORD FORM

PHARMACY INTERN / STUDENT – PLEASE NOTE:

This form, once notarized, is your only official record of internship hours. It must be filled out and signed by your preceptor (supervising pharmacist). **DO NOT SUBMIT** this form to any state board of pharmacy until you apply for NAPLEX. For further information or questions, please call the New Hampshire Board of Pharmacy. **PRECEPTOR - PLEASE PRINT CLEARLY AS THIS INFORMATION WILL BE VERIFIED.**

I HEREBY CERTIFY that I am a licensed Pharmacist in the State of _____

and that I am (owner)(manager)(preceptor) of _____
Pharmacy Name & Address

and that _____ Social Security No. _____ was in my
Print Name of Intern

employ or training for _____ between _____ and _____.
hours beginning date ending date

The experience was predominately related to the dispensing of drugs and medical supplies, compounding prescriptions, pharmaceutical care, keeping records and making reports as required by law.

I HEREBY CERTIFY under penalty of perjury that the above statements are true.

Printed Name of Pharmacist Preceptor _____
Pharmacist Lic. # X _____
Signature of Pharmacist Preceptor _____
Date

Address of Pharmacist Preceptor () - _____
Telephone of Pharmacist Preceptor

(NOTARIAL)
(SEAL)

SWORN to me this _____ day of _____, _____

Notary Public or Justice of the Peace

Commission Expiration Date

For NH Board of Pharmacy Use Only:

I hereby certify that _____ SS# _____ has completed
_____ hours of internship experience acceptable to the New Hampshire Board of Pharmacy for
NAPLEX and/or licensure in NH.

Executive Secretary / Director for the Board

(OFFICIAL)

(SEAL)

Date